

FCC USE

Identifier: |M|M|B| | | | | | | | 10|8|B|

SCHEDULE 8 CONTINUED

FIRST FRANCHISE AREA:
1986 TIERS, CHANNELS AND CHARGES

Line	Item:
	EQUIPMENT AND SUPPLEMENTARY CHARGES
	Average charges as of November 30, 1986:
1	- installation fee \$.
2	- disconnect fee \$.
3	- reconnect fee \$.
4	- monthly converter box rental \$.
5	- monthly remote control rental \$.
6	- monthly additional outlet fee \$.
7	- tier changing fee \$.
	List any other equipment and supplementary charges which are not included in lines 1 through 7. (Show amount and type of charge.)
8	
	For the fiscal year which included November 30, 1986, give the number of:
9	- installations provided
10	- disconnections
11	- reconNECTIONS
	For the same fiscal year, give the average number of:
12	- converter boxes rented
13	- remote control units rented
14	- additional outlets charged for
15	- tier changes charged for
	If you listed any additional charges on line 8, list the average volumes for each item in the same fiscal year:
16	

FCC USE

Identifier: |M|M|B| | | | | | 10|8|C|

SCHEDULE 8 CONTINUED

FIRST FRANCHISE AREA:

FCC USE

Identifier: M M B | | | | | 10 | 8 | D |

SCHEDULE 8 CONTINUED

FIRST FRANCHISE AREA:
1986 TIERS, CHANNELS AND CHARGES

	THIRD TIER	
	As of November 30, 1986, give the number of:	
35	Subscribers to the third tier	
	Number of:	
36	- local TV broadcast stations	
37	- distant TV broadcast stations	
38	- satellite-delivered cable network channels	
39	- public educational government access channels	
40	- other channels in this tier	
41	Total number of channels in this tier	
42	Monthly subscription charge for this tier only \$.	
	What other charges are incurred for the third tier? (Show amount and type of charge.)	
43		

	ALL CHANNELS IN THIS FRANCHISE AREA	
	As of November 30, 1986, give the number of:	
44	Total channels in basic tier (as in line 23)	
45	Total channels in second tier (as in line 32)	
46	Total channels in third tier (as in line 41)	
47	Total channels in any other tiers	
48	Total pay channels	
49	Total pay-per-view channels	
50	Any other channels in this franchise area	
51	Total of all channels in this franchise area	

SCHEDULE 9

SECOND FRANCHISE AREA SERVED BY SYSTEM

This schedule is intended to provide information on differences in services and charges among franchise areas served by the system. Your answers to the questions in this schedule will determine which franchise area - the second franchise area - should provide the information in Schedules 10 through 13.

The second franchise area should be the franchise area other than the one reported in Schedules 5 through 8 with the most subscribers and which has competition, as determined by completing Schedule 4. If there are no franchise areas with competition, the second franchise area should be the remaining franchise area with the most subscribers. In addition, however, if prices and channel lineups differ among franchise areas, the second franchise area should also be one that has different prices and channel lineups from the first franchise area used in Schedules 5 through 8. Answer the questions in this schedule to choose the correct second franchise area.

All information provided should be as of September 30, 1992.

(If the system has only one franchise area - as listed in Schedule 1 - you do not need to complete Schedules 9 through 13.)

Line	Item:		
1	Do all franchise areas served by this system have the same <u>prices</u> ? (Circle one.)	Yes	No
2	If you answered "No" on line 1, how many different price structures are there in the system?		
3	Do all franchise areas served by this system have the same <u>channel lineup</u> ? (Circle one.)	Yes	No
4	If you answered "No" on line 3, how many different channel lineups are there in the system?		

If you answered "Yes" on both lines 1 and 3, that is if all franchise areas in the system have the same prices and channel lineup, go to line 5 on the next page.

If you answered "No" on either, or both, of lines 1 and 3, skip lines 5 through 7 and go to line 8 on page 19.

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SCHEDULE 9 CONTINUED

FRANCHISE AREAS SERVED BY SYSTEM

[1
72472 - 01 ARO449- S

DOUGLAS COMMUNICATIONS MID-SOUTH LP
141 HIGHWAY 63 NORTH
TRUMANN, AR. 72472
]

Cable Television Branch
Room 244
Federal Communications Commission
Washington DC 20554
Attn: Rate Questionnaire

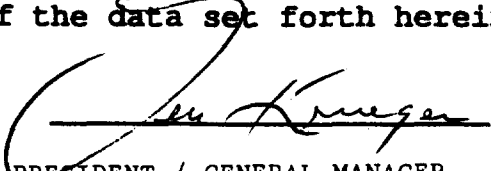
CABLE TV SYSTEM OPERATORS RATE STRUCTURE QUESTIONNAIRE
ISSUED PURSUANT TO FCC ORDER 92-545

This questionnaire is intended to provide the FCC with information regarding rates and other characteristics of the cable industry. The data will be used to assess general cable industry rate relationships. Your response is mandatory.

Legal Name of Cable System: DOUGLAS COMMUNICATIONS MID-SOUTH LP

Doing Business As: DOUGLAS CABLE

I certify that I have examined the attached report, that to the best of my knowledge, information and belief, all statements of fact contained in this report are true and that said report is an accurate statement of the affairs of the above named respondent in respect of the data set forth herein:


VICE PRESIDENT / GENERAL MANAGER
11 / 21 / 93

Signature of respondent
Title of respondent
Date signed

THIS COVER PAGE MUST BE SIGNED AND RETURNED WITH THE ORIGINAL AND 3 COPIES OF THE FULL QUESTIONNAIRE BY FRIDAY JANUARY 22, 1993 TO:

Cable Television Branch
Room 244, FCC
Washington DC, 20554
Attn: Rate Questionnaire

HOW TO COMPLETE THIS QUESTIONNAIRE

The franchise area to which this questionnaire is addressed has been selected by random or other means to form part of a representative sample of the cable industry. The questionnaire seeks rate and other information for:

- (i) this franchise area;
- (ii) the whole cable system to which it belongs; and
- (iii) one other franchise area in the same cable system.

You should read the attached instructions before completing this questionnaire. Provide the best information currently available. If the requested information is not precisely known provide your best estimate. For further assistance in completing this questionnaire, contact:

Ms. Florence Setzer at (202) 653-5940 or
Ms. Jane Frenette at (202) 634-1861.

There are 13 schedules in this questionnaire:

SCHEDULE 1	CABLE SYSTEM INFORMATION
SCHEDULE 2	CABLE SYSTEM CHARACTERISTICS
SCHEDULE 3	CABLE SYSTEM ANNUAL REVENUE
SCHEDULE 4	COMPETITION IN FRANCHISE AREAS
SCHEDULE 5	FIRST FRANCHISE AREA: CHARACTERISTICS
SCHEDULE 6	FIRST FRANCHISE AREA: FRANCHISE FEES AND CHARGES
SCHEDULE 7	FIRST FRANCHISE AREA: 1992 CHANNELS AND CHARGES
SCHEDULE 8	FIRST FRANCHISE AREA: 1986 CHANNELS AND CHARGES
SCHEDULE 9	SECOND FRANCHISE AREA SERVED BY SYSTEM
SCHEDULE 10	SECOND FRANCHISE AREA: CHARACTERISTICS
SCHEDULE 11	SECOND FRANCHISE AREA: FRANCHISE FEES AND CHARGES
SCHEDULE 12	SECOND FRANCHISE AREA: 1992 CHANNELS AND CHARGES
SCHEDULE 13	SECOND FRANCHISE AREA: 1986 CHANNELS AND CHARGES

Schedules 1 through 4 must be completed for the whole cable system including the franchise area to which the questionnaire has been addressed and all other franchise areas in the system.

Schedules 5 through 8 must be completed for the franchise area to which this questionnaire is addressed. This franchise area is referred to in the questionnaire as "the first franchise area".

Schedule 9 must be completed to select a second franchise area in the system. Where prices and channels are the same for all franchise areas in the system, Schedules 10 and 11 must be completed for this second franchise area. Where prices or channels differ among franchise areas in the system, all of Schedules 10 through 13 must be completed for this second franchise area. (If the system has only one franchise area you do not need to complete Schedules 9 through 13.)

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SCHEDULE 1

CABLE SYSTEM INFORMATION

Line	Item:																																								
1	Legal name of cable system DOUGLAS COMMUNICATIONS MID-SOUTH LP																																								
2	System is "Doing Business As" DOUGLAS CABLE																																								
3	City or town, county and state in which system is located TURRELL CRITTENDEN ARKANSAS																																								
	List all communities served by this system, zip code of community, Community Unit ID Number and the name of each community's Franchise Authority																																								
	<table border="1"> <thead> <tr> <th>Community</th> <th>Zip Code</th> <th>Community Unit ID No</th> <th>Franchise Authority</th> </tr> </thead> <tbody> <tr> <td>4 TURRELL</td> <td>712384</td> <td>1A1R0449</td> <td>CITY OF TURRELL</td> </tr> <tr><td>5</td><td></td><td></td><td></td></tr> <tr><td>6</td><td></td><td></td><td></td></tr> <tr><td>7</td><td></td><td></td><td></td></tr> <tr><td>8</td><td></td><td></td><td></td></tr> <tr><td>9</td><td></td><td></td><td></td></tr> <tr><td>10</td><td></td><td></td><td></td></tr> <tr><td>11</td><td></td><td></td><td></td></tr> <tr><td>12</td><td></td><td></td><td></td></tr> </tbody> </table>	Community	Zip Code	Community Unit ID No	Franchise Authority	4 TURRELL	712384	1A1R0449	CITY OF TURRELL	5				6				7				8				9				10				11				12			
Community	Zip Code	Community Unit ID No	Franchise Authority																																						
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5																																									
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7																																									
8																																									
9																																									
10																																									
11																																									
12																																									
13	Name of cable system owner DOUGLAS COMMUNICATIONS MID-SOUTH LP																																								
	City or town TRUMANN,																																								
	and state location ARKANSAS																																								
14	of cable system owner																																								

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Identifier: M M B | | | | | 10 | 2 |

SCHEDULE 2

CABLE SYSTEM CHARACTERISTICS

All information provided should be as of September 30, 1992.

Line	Item:
1	Number of households in the system area 13 5 7
2	Number of households passed 13 5 7
3	Number of households subscribing 1 1 0 7
4	Number of addressable subscribers N. A.
5	What is the main type of addressability? (e.g., one-way, two-way, impulse)
6	Number of headends serving the system 1
7	Age of principal headend 9 years
8	Total line miles of distribution plant in the system 1 2 miles
	Percentage of line miles of distribution plant which is:
9	- above ground: 1 1 0 0 %
10	- below ground: %
11	- fiber: %
12	Is the system required to bury all cable drops? (Circle one.) Yes No
13	Is the system part of a Multiple System Operator (MSO) of 2 or more systems? (Circle one.) Yes No
14	If you responded "Yes" on line 13, how many systems are in the MSO? 4 8

FCC USE Identifier: M M B | | | | | 10 | 3 |

SCHEDULE 3

CABLE SYSTEM ANNUAL REVENUE

All information should be for the latest complete fiscal year.

Line	Item:	AMOUNT (omit cents)
1	Fiscal year ending date: Month 1/12 Day 3/1 Year 9/2	
2	Revenue from: - subscriptions to your basic tier	\$ 1 16 2 7 1
3	- other tier subscriptions	\$ 1 0
4	- pay channel subscriptions	\$ 1 4 8 1 7
5	- pay-per-view charges	\$ 1 0
6	- advertising on basic tier	\$ 1 0
7	- advertising on other tiers	\$ 1 0
8	- advertising on pay and pay-per-view	\$ 1 0
9	- installation charges	\$ 1 7 1 7
10	- equipment rental	\$ 1 0
11	- additional outlet charges	\$ 1 4 7 2
12	- other revenue	\$ 1 3 1 6 0
13	Total revenue	\$ 1 2 5 4 3 3
	If you show an amount on line 12 for other revenue, indicate the type(s) of revenue:	
14	LATE FEES	
	What is the value of any non-revenue benefits, such as promotional advertising, received by the system for providing cable services during the fiscal year?	
15	\$ 1 0	
	Specify the type(s) of non-revenue benefits received:	
16	NA	

SCHEDULE 4

COMPETITION IN FRANCHISE AREAS

Line	Item:				
1	<p>Do fewer than 30 percent of the households in any franchise area served by the system subscribe to any cable services (of this or any cable system)? (Circle one.)</p> <p style="text-align: right;"><input checked="" type="radio"/> Yes <input type="radio"/> No</p>				
2	<p>If you answered "Yes" on line 1, list the franchise areas with less than 30 percent of households subscribing to this or any cable service and the estimated percentage of households subscribing to any cable service in these franchise areas:</p> <table border="1"> <thead> <tr> <th>Franchise areas with less than 30% of households subscribing to this or any cable service</th> <th>Estimated % of households subscribing to this or any cable service.</th> </tr> </thead> <tbody> <tr> <td>TURRELL</td> <td>29.9%</td> </tr> </tbody> </table>	Franchise areas with less than 30% of households subscribing to this or any cable service	Estimated % of households subscribing to this or any cable service.	TURRELL	29.9%
Franchise areas with less than 30% of households subscribing to this or any cable service	Estimated % of households subscribing to this or any cable service.				
TURRELL	29.9%				
3	<p>Does any competitor* offer similar service to at least 50 percent of households in any franchise area served by this system? (Circle one.)</p> <p style="text-align: right;"><input type="radio"/> Yes <input checked="" type="radio"/> No</p>				

* For the purposes of Schedule 4, a competitor could include:

- another unaffiliated cable operator;
 - a multi-channel multi-point distribution service (MMDS);
 - a direct broadcast satellite (DBS) service;
 - a television receive-only (TVRO) satellite program distributor; or
 - a satellite master antenna television (SMATV) system.
- However, a competitor must offer a similar service by making available for purchase by subscribers or customers multiple channels of video programming.

SCHEDULE 4 CONTINUED

COMPETITION IN FRANCHISE AREAS

Line	Item:						
	<p>If you answered "Yes" on line 3, list the franchise areas which have competitors which offer similar services to at least 50% of households, the name of all such competitors in each franchise area and your estimate of the percentage of households in each franchise area to which each competitor offers similar services.</p> <table border="1"> <thead> <tr> <th>Name of franchise area in which a competitor offers similar service to at least 50% of households</th> <th>Name of all such competitors in each franchise area</th> <th>Percentage of of households to which such competitors offer service</th> </tr> </thead> <tbody> <tr> <td></td> <td></td> <td></td> </tr> </tbody> </table>	Name of franchise area in which a competitor offers similar service to at least 50% of households	Name of all such competitors in each franchise area	Percentage of of households to which such competitors offer service			
Name of franchise area in which a competitor offers similar service to at least 50% of households	Name of all such competitors in each franchise area	Percentage of of households to which such competitors offer service					
4							
	<p>Does a franchising authority offer video programming service to at least 50 percent of households in any franchise area served by this system? (Circle one.)</p> <table border="1"> <thead> <tr> <th></th> <th>Yes</th> <th>No</th> </tr> </thead> <tbody> <tr> <td>5</td> <td></td> <td><input checked="" type="radio"/></td> </tr> </tbody> </table>		Yes	No	5		<input checked="" type="radio"/>
	Yes	No					
5		<input checked="" type="radio"/>					
	<p>If you answered "Yes" on line 5, list the franchise areas in which franchise authorities offer video programming services to at least 50% of households, the name of the franchise authority and your estimate of the percentage of households in the franchise area to which they offer services.</p> <table border="1"> <thead> <tr> <th>Name of franchise area in which franchise authority offers video programming</th> <th>Name of franchise authority</th> <th>Percentage of of households</th> </tr> </thead> <tbody> <tr> <td></td> <td></td> <td></td> </tr> </tbody> </table>	Name of franchise area in which franchise authority offers video programming	Name of franchise authority	Percentage of of households			
Name of franchise area in which franchise authority offers video programming	Name of franchise authority	Percentage of of households					
6							

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SCHEDULE 5

FIRST FRANCHISE AREA: CHARACTERISTICS

The first franchise area is the one to which this questionnaire is addressed. All information provided should be as of September 30, 1992.

Line	Item:
1	Name of franchise area <u>TURRELL, AR.</u>
2	Community Unit ID No. of this franchise area <u>1AR0449</u>
3	Number of households in this franchise area <u>357</u>
4	Number of households in this franchise area which are passed by system distribution plant <u>357</u>
5	Number of households in this franchise area which subscribe to this system <u>107</u>
6	Number of addressable subscribers in this franchise area <u>N.A.</u>
7	What is the main type of addressability? (e.g., one-way, two-way, impulse)
8	Number of headends serving franchise area <u>1</u>
9	Age of principal headend <u>9</u> years
10	Line miles of distribution plant in this franchise area <u>12</u> miles
11	Percentage of line miles of distribution plant in line 10 which is:
12	- above ground: <u>100</u> %
13	- below ground: <u>0</u> %
13	- fiber: <u>0</u> %
14	Is the franchise required to bury all cable drops? (Circle one.) <u>Yes</u> <u>No</u>

SCHEDULE 6

FIRST FRANCHISE AREA:
FRANCHISE AUTHORITY FEES AND CHARGES

All information provided should be for the latest fiscal year.

Line	Item:
1	<p>What is the total of franchise fees paid in the last completed fiscal year for this franchise area?</p> <p>\$1 76 3</p>
2	<p>Show how this payment is calculated and incurred. Show either the amount per subscriber or the percentage of basic or total subscriber revenue, as appropriate:</p> <p>\$1 per subscriber per year</p>
3	<p>or % of basic subscriber revenue</p>
4	<p>or 3.0 % of total subscriber revenue</p>
5	<p>Does the franchise fee appear as a separate line item on the subscriber's monthly bill? (Circle one.)</p> <p> Yes <u>No</u></p> <p>Apart from those in lines 2, 3 or 4, specify any other fees, taxes or charges by the franchise authority paid for this franchise (e.g., fixed amounts, equipment-related charges). Specify the amount, how the total payment is calculated and the frequency of payment. Include only fees, taxes and charges specific to the cable industry. Do not include general fees, taxes or charges such as sales tax or corporate income tax.</p> <p>NONE</p>
6	<p>Which, if any, of the fees, taxes or charges shown on line 6 appear as separate line items on the subscriber's monthly bill?</p> <p><u>NONE</u></p>
7	

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SCHEDULE 7

FIRST FRANCHISE AREA:
1992 TIERS, CHANNELS AND CHARGES

Provide the information required for each of:

- o equipment and supplementary charges;
- o the basic tier as provided in the franchise area;
- o each of the two other tiers which have the most subscribers;
and
- o all channels in the franchise.

All charges, channels and subscriber information provided should be as of September 30, 1992.

Line	Item:	
	EQUIPMENT AND SUPPLEMENTARY CHARGES	
	Average charges:	
1	- installation fee	\$125.00
2	- disconnect fee	N.A. \$10.00
3	- reconnect fee	\$115.00
4	- monthly converter box rental	NA \$10.00
5	- monthly remote control rental	NA \$10.00
6	- monthly additional outlet fee	\$12.50
7	- tier charging fee	N.A. \$1.00
	List any other equipment and supplementary charges which are not included in lines 1 through 7. (Show amount and type of charge.)	
8		
	For the last completed fiscal year give the number of:	
9	- installations provided	56
10	- disconnections	42
11	- reconnections	15
	For the last fiscal year, give the average number of:	
12	- converter boxes rented	0
13	- remote control units rented	0
14	- additional outlets charged for	16
15	- tier changes charged for	NA
	If you listed any additional charges on line 8, list the average volumes for each item in the last fiscal year:	
16		

FCC USE

Identifier: M M B | | | | | 10 | 7 | B |

SCHEDULE 7 CONTINUED

FIRST FRANCHISE AREA:
1992 TIERS, CHANNELS AND CHARGES

Line	Item:	
	BASIC TIER	
17	Subscribers to the basic tier	1107
	Number of:	
18	- local TV broadcast stations	14
19	- distant TV broadcast stations	2
20	- satellite-delivered cable network channels	15
21	- public educational government access channels	+
22	- other channels in the basic tier	+
23	Total number of channels in the basic tier	11
24	Monthly subscription charge	\$116.71
	What other charges are incurred for the basic service tier? (Show amount and type of charge.)	0
25		
	SECOND TIER NA	
26	Subscribers to this tier	-
	Number of:	
27	- local TV broadcast stations	-
28	- distant TV broadcast stations	-
29	- satellite-delivered cable network channels	-
30	- public educational government access channels	-
31	- other channels in this tier	-
32	Total number of channels in this tier	-
33	Monthly subscription charge for this tier only	\$11
	What other charges are incurred for the second tier? (Show amount and type of charge.)	NA
34		

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SCHEDULE 7 CONTINUED

FIRST FRANCHISE AREA:
1992 TIERS, CHANNELS AND CHARGES

	THIRD TIER	
35	Subscribers to this tier	NA.
	Number of:	
36	- local TV broadcast stations	NA.
37	- distant TV broadcast stations	NA
38	- satellite-delivered cable network channels	NA
39	- public educational government access channels	NA
40	- other channels in this tier	NA
41	Total number of channels in this tier	NA
42	Monthly subscription charge for this tier only	\$1.
	What other charges are incurred for the third tier? (Show amount and type of charge.)	NA
43		

	ALL CHANNELS IN THIS FRANCHISE AREA	
44	Total channels in basic tier (as in line 23)	
45	Total channels in second tier (as in line 32)	0
46	Total channels in third tier (as in line 41)	0
47	Total channels in any other tiers	0
48	Total pay channels	
49	Total pay-per-view channels	0
50	Any other channels in this franchise area	0
51	Total of all channels in this franchise area	2

FCC USE Identifier: M M B | | | | | 10181A1

SCHEDULE 8

FIRST FRANCHISE AREA:
1986 TIERS, CHANNELS AND CHARGES

Line	Item:
	Did the system provide programming services in this franchise area in November 1986? (Circle one.)
A.1	SYSTEM PURCHASED IN JULY 1988 Yes No INFO. NOT AVAILABLE

If you answered "Yes" on line A.1, you must complete the rest of Schedule 8 to the best of your ability.

If you answered "No" on line A.1, skip the rest of Schedule 8 and go to Schedule 9.

	As of November 30, 1986, was the franchise area rate regulated? (Circle one.)
A.2	Yes No

Provide the information required on the next three pages for:

- o equipment and supplementary charges;
- o the basic tier as provided in this franchise area;
- o each of the two other tiers which had the most subscribers;
and
- o all channels in the franchise.

All charges and subscriber information provided in this Schedule should be as of November 30, 1986.

FCC USE

Identifier: | M | M | B | | | | | | | 10 | 8 | B |

SCHEDULE 8 CONTINUED

FIRST FRANCHISE AREA:
1986 TIERS, CHANNELS AND CHARGES

Line | Item:

EQUIPMENT AND SUPPLEMENTARY CHARGES

Average charges as of November 30, 1986:

DOW, LOHNES & ALBERTSON

ATTORNEYS AT LAW

1255 TWENTY-THIRD STREET

WASHINGTON, D. C. 20037

STAMP & RETURN

TELEPHONE (202) 857-2500

FACSIMILE (202) 857-2900

CABLE "DOWLA"
TELEX 425546

LAURIE JO ERDMAN TRAINER

DIRECT DIAL NO.

857-2713

January 22, 1993

RECEIVED

JAN 22 1993

Federal Communications Commission
Washington, D.C. 20554

FEDERAL COMMUNICATIONS COMMISSION
OFFICE OF THE SECRETARY

Attention: **Stop Code 1800B4**
Cable Television Branch, Room 244
Mass Media Bureau

Re: **Triax Midwest Associates, L.P.**
Washington Park, Illinois (IL0694)
Rate Questionnaire

Ladies and Gentlemen:

On behalf of Triax Midwest Associates, L.P. ("Triax"), we transmit herewith the original plus three copies of Triax's response to the Rate Structure Questionnaire issued by the Commission pursuant to FCC Order 92-545 regarding the cable television system serving the above-referenced community unit.

Should any questions arise regarding this matter, please contact the undersigned counsel.

Sincerely,



Laurie Jo Trainer

LJT:jmc
Enclosure

[80206-02

ILC694-]

TRIAK MIDWEST ASSOCIATES L P
100 FILLMORE STREET A600
DENVER, CO. 80206
L

Cable Television Branch
Room 244
Federal Communications Commission
Washington DC 20554
Attn: Rate Questionnaire

**CABLE TV SYSTEM OPERATORS RATE STRUCTURE QUESTIONNAIRE
ISSUED PURSUANT TO FCC ORDER 92-545**

This questionnaire is intended to provide the FCC with information regarding rates and other characteristics of the cable industry. The data will be used to assess general cable industry rate relationships. Your response is mandatory.

Legal Name of Cable System: Triax Midwest Associates, L.P.

Doing Business As: Triax Cablevision

I certify that I have examined the attached report, that to the best of my knowledge, information and belief, all statements of fact contained in this report are true and that said report is an accurate statement of the affairs of the above named respondent in respect of the data set forth herein:



V.P. of Operations

Signature of respondent

Title of respondent

1 / 21 / 93

Date signed

THIS COVER PAGE MUST BE SIGNED AND RETURNED WITH THE ORIGINAL. AND

HOW TO COMPLETE THIS QUESTIONNAIRE

The franchise area to which this questionnaire is addressed has been selected by random or other means to form part of a representative sample of the cable industry. The questionnaire seeks rate and other information for:

- (i) this franchise area;
- (ii) the whole cable system to which it belongs; and
- (iii) one other franchise area in the same cable system.

You should read the attached instructions before completing this questionnaire. Provide the best information currently available. If the requested information is not precisely known provide your best estimate. For further assistance in completing this questionnaire, contact:

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Ms. Jane Frenette at (202) 634-1861.

There are 13 schedules in this questionnaire:

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SCHEDULE 12	SECOND FRANCHISE AREA: 1992 CHANNELS AND CHARGES
SCHEDULE 13	SECOND FRANCHISE AREA: 1986 CHANNELS AND CHARGES

Schedules 1 through 4 must be completed for the whole cable system including the franchise area to which the questionnaire has been addressed and all other franchise areas in the system.

Schedules 5 through 8 must be completed for the franchise area to which this questionnaire is addressed. This franchise area is referred to in the questionnaire as "the first franchise area".

Schedule 9 must be completed to select a second franchise area in the system. Where prices and channels are the same for all franchise areas in the system, Schedules 10 and 11 must be completed for this second franchise area. Where prices or channels differ among franchise areas in the system, all of Schedules 10 through 13 must be completed for this second franchise area. (If the system has only one franchise area you do not need to complete Schedules 9 through 13.)

SCHEDULE 1

CABLE SYSTEM INFORMATION

Line	Item:																																								
1	Legal name of cable system Triax Midwest Associates L.P.																																								
2	System is "Doing Business As" Triax Cablevision																																								
3	City or town, county and state in which system is located Washington Park St. Clair County Illinois																																								
	List all communities served by this system, zip code of community, Community Unit ID Number and the name of each community's Franchise Authority																																								
	<table border="1"> <thead> <tr> <th>Community</th> <th>Zip Code</th> <th>Community Unit ID No</th> <th>Franchise Authority</th> </tr> </thead> <tbody> <tr> <td>4 Washington Park</td> <td>612104</td> <td>106194</td> <td>Village Council-Washington Park</td> </tr> <tr> <td>5 Fairmont City</td> <td>612101</td> <td>106195</td> <td>Village Council-Fairmont City</td> </tr> <tr> <td>6 Madison</td> <td>61066</td> <td>111042</td> <td>County Board-Madison</td> </tr> <tr> <td>7 St. Clair</td> <td>612142</td> <td>110746</td> <td>County Board-St. Clair</td> </tr> <tr> <td>8</td> <td></td> <td></td> <td></td> </tr> <tr> <td>9</td> <td></td> <td></td> <td></td> </tr> <tr> <td>10</td> <td></td> <td></td> <td></td> </tr> <tr> <td>11</td> <td></td> <td></td> <td></td> </tr> <tr> <td>12</td> <td></td> <td></td> <td></td> </tr> </tbody> </table>	Community	Zip Code	Community Unit ID No	Franchise Authority	4 Washington Park	612104	106194	Village Council-Washington Park	5 Fairmont City	612101	106195	Village Council-Fairmont City	6 Madison	61066	111042	County Board-Madison	7 St. Clair	612142	110746	County Board-St. Clair	8				9				10				11				12			
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11																																									
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13	Name of cable system owner Triax Cable General Partner L.P.-G.P. Triax Communications Corporation - MSO																																								
14	City or town and state location of cable system owner Denver, Colorado																																								
15	Name of cable system contact officer responsible for completing this form James Vaughn																																								
16	Phone number of cable system contact officer (303) 333 - 2424																																								
17	Name of franchise authority contact officer* Sylvester Jackson																																								
18	Phone number of franchise* authority contact officer (618) 874 - 2040																																								

* Provide a contact officer name and phone number for the franchise authority for the franchise area to which this questionnaire is addressed.

FCC USE

Identifier: M M B | | | | | 10 | 2 |

SCHEDULE 2

CABLE SYSTEM CHARACTERISTICS

All information provided should be as of September 30, 1992.

Line	Item:
1	Number of households in the system area *
2	Number of households passed 5 6 8 6
3	Number of households subscribing 1 3 1 6
4	Number of addressable subscribers 0
5	What is the main type of addressability? (e.g., one-way, two-way, impulse) None
6	Number of headends serving the system
7	Age of principal headend 1 0 years
8	Total line miles of distribution plant in the system 6 4 miles
	Percentage of line miles of distribution plant which is:

FCC USE Identifier: MIMBI | | | | | 10 | 3 |

SCHEDULE 3

CABLE SYSTEM ANNUAL REVENUE

All information should be for the latest complete fiscal year.

Line	Item:	
1	Fiscal year ending date: Month 1 2 Day 3 1 Year 9 2	
	Revenue from:	AMOUNT (omit cents)
2	- subscriptions to your basic tier	\$ 12 2 17 0 5 6
3	- other tier subscriptions	\$ 1 1 2 8 8 6
4	- pay channel subscriptions	\$ 1 5 4 7 6 9
5	- pay-per-view charges	\$ 0
6	- advertising on basic tier	\$ 0
7	- advertising on other tiers	\$ 0
8	- advertising on pay and pay-per-view	\$ 0
9	- installation charges	\$ 1 2 8 7 7
10	- equipment rental	\$ 1 4 5 6
11	- additional outlet charges	\$ 1 7 1 3 1
12	- other revenue	\$ 1 6 8 3 4
13	Total revenue	\$ 5 4 3 0 1 0
	If you show an amount on line 12 for other revenue, indicate the type(s) of revenue: Late Charges Home Shopping Network Guides	
14	What is the value of any non-revenue benefits, such as promotional advertising, received by the system for providing cable services during the fiscal year?	
15		\$ 0
	Specify the type(s) of non-revenue benefits received:	
16	None	